

Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30192
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

**BOARD OF PODIATRIC MEDICINE - EDUCATIONAL LIMITED PODIATRIST
CERTIFICATION OF APPOINTMENT**

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

**YOUR LICENSE WILL NOT BE RENEWED UNTIL WE RECEIVE THIS
INFORMATION REGARDLESS OF THE PAYMENT METHOD YOU USE**

INSTRUCTIONS: Please type or print the form. The Program Director or Preceptor must sign either Section A or Section B as appropriate.

Section A: Educational Limited Renewal - NO CHANGES

☐ I am continuing my training in the same program at the same location as shown on my current license.

First Name:	Middle Name:	Last Name:
Michigan Permanent I.D./License Number:		Social Security Number:

Signature of Program Director or Preceptor:	Date:
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Section B: Educational Limited Renewal - WITH CHANGES

☐ I am continuing my training but will transfer to a **new hospital and/or program** as shown below.

First Name:	Middle Name:	Last Name:
Michigan Permanent I.D./License Number:		Social Security Number:

Hospital Name:		
Program Name:		
Hospital Street Address:		
City:	State:	Zip Code:

Signature of Program Director or Preceptor:	Date:
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